

FILED JUL 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25090  
Registrar's No. 6423

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>5114 PAGE 0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Stephen</b> b. (Middle) <b>J.</b> c. (Last) <b>O'Connor</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>July 17, 1951</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>Sept. 28, 1887</b>	
9. AGE (In years last birthday) <b>63</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Stephen O'Connor</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Ahearn</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>WW I Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>W.A.O'Connor, Webster Groves, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure</b> <b>Coronary artery disease</b> <b>ATHROMBOSIS left coronary</b> <b>Diaperin</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Carcinoma, left kidney</b> <b>liver</b> <b>mediastinum</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>36 hours</b>	
19a. DATE OF OPERATION <b>July 11-51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Stone Left Kidney - Carcinoma Left Kidney</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>180X</b>					
22. I hereby certify that I attended the deceased from <b>April 13, 1951</b> , to <b>July 17, 1951</b> , that I last saw the deceased alive on <b>July 17, 1951</b> , and that death occurred at <b>11:20 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Elmer E. Syton</b> (Degree or title) _____				23b. ADDRESS <b>1115 Paul Brown Bldg.</b>		23c. DATE SIGNED <b>July 19-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-20-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 18 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Laster</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Harrigan-Sheahan, 4700 Washington Blvd</b>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 15 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*J. W. M. M. M. M. M.*  
Licensed Embalmer No. 3655

P. O. Address C. Davis, W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

WVMBK